

North Hampton Recreation Registration Form

Adult or Responsible Party Information

Father's Last Name _____ First Name _____ Work Phone _____

Mother's Last Name _____ First Name _____ Work Phone _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell/Pager _____ Email Address _____

Person to contact in case of emergency other than parent:

Name _____ Relationship _____ Phone _____

Participant #1

Last Name _____ First Name _____ M/F _____ DOB _____ Grade _____

Please list any physical limitations/restrictions that may better service the participant _____

Participant #2

Last Name _____ First Name _____ M/F _____ DOB _____ Grade _____

Please list any physical limitations/restrictions that may better service the participant _____

Participant #3

Last Name _____ First Name _____ M/F _____ DOB _____ Grade _____

Please list any physical limitations/restrictions that may better service the participant _____

Participant #4

Last Name _____ First Name _____ M/F _____ DOB _____ Grade _____

Please list any physical limitations/restrictions that may better service the participant _____

PAYMENT OPTIONS FOR ALL PROGRAMS:

~ Walk-in during office hours or mail-in registration form and payment.~~ We do not send or call with confirmations. Consider yourself or your children enrolled in the program of your choice when you send in a completed registration form and payment.~ We will notify you in the class has been filled, canceled, or changed. The North Hampton Recreation Department reserves the right to cancel or consolidate any program that does not meet minimum registration numbers.

Make Checks Payable to:

Town of North Hampton
(unless otherwise noted)

Mail Registration Form to:

North Hampton Recreation
P.O. Box 710
233 Atlantic Avenue
North Hampton, NH 03862

PARTICIPANT NAME	PROGRAM NAME	PROGRAM FEE
		\$

PROGRAM REFUND POLICY: Refunds will be made if program is cancelled, filled or if Department changes in offerings prohibit your attendance.

PARENTAL PERMISSION AND WAIVER FOR CHILDREN UNDER 18 YEARS OF AGE – UNSIGNED WAIVERS WILL BE REJECTED

My son/daughter, as registered above, has my permission to participate in the above named program. I further release, absolve, indemnify and hold harmless the North Hampton Recreation Department staff, and the town of North Hampton, in the event of injury to my son/daughter. In the event of an emergency requiring medical attention, I authorize that necessary medical attention be given to my child by a qualified physician in the event I cannot be reached.

Signature of parent/guardian _____ Date _____

ADULT REGISTRATION WAIVER—UNSIGNED WAIVERS WILL BE REJECTED

I further release, absolve, indemnify and hold harmless the North Hampton Recreation Department staff, and the town of North Hampton, in the event of injury while participating in the above named program.

Adult signature _____ Date _____